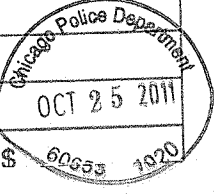


U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**TACUMFERRO UNIT 121 SE 9235**

Postage	\$		Postmark Here 
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	60655 1020	
Sent To Street, Apt. or PO Box City, State			
PS Form			

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:



2. Article Number

(Transfer from service label)

7009 2820 0001 7633 4565

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *M. Teske*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

M. TESKE

C. Date of Delivery

10-27-11

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes